Rev. 05/2008

LOBBYIST REPORT FORM

Page of Page(s) THIS SPACE FOR OFFICE USE ONLY



State of Idaho

Ben Ysursa

PO Box 83720 Boisc, ID 83720-0080

Phone: (208) 334-2852 Fax: (208) 334-2282

M ANNUAL

SEMI-ANNUAL

08 JUL 28 PH 4: 12

To Be Filed By: Secretary of State LOBBYISTS (Sec. 67-6619) (Type or print clearly in black ink) See instructions at bottom of page Period covered Lobbyist's name and permanent business address Date prepared year ending Idaha Rivers United 7-28-2008 (Day) (Mo.) (Yr.)P.O. Box 633 12 Boist, ID 83101 2.008 Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer or behalf of Lobbyist's Employer. Proportionate amounts contributed by each employer (Identify employers, under Category of Expenditure *Total Amount for Item 3, at bottom of page.) Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity

De Not Have to be Reported All Employers Employer No. 1 Employer No. 3 Employer No. 4 Employer No. 2 Entertainment Food and Refreshment Living Accommodations Advertising Travel Telephone Other Expenses or Service Salvice & Bench Total *When the number of employers you are reporting for requires multiple L-2 forms to be filed a total amount for all employers should be entered on Page 1. The totals of each expenditure of more than seventy-five dollars (\$75) for a legislator, other holder of public office, executive officials and member(s) of their household. ltem-Names of Legislators, Public and Executive Officials 2 Date Place Amount and Household Members in Group Vone Continued on attached page(s) INSTRUCTIONS Employer(s) Name(s) and Address(es) Who should file this form: Any lobbyist registered under Section No. 1 67-6617 Idaho Code Filing deadline: Annual report is due on January 31st. Executive Lobbyist semi-annual report due July 31st. No. 2 TO BE FILED WITH: No. 3 Ben Ysursa Scoretary of State

No. 4

Item	Exper	property to any, for any or on behalf of any Legislator, Pul			over in the nature of contributions of money or other tangible or intangible personal olic or Executive Official or Household Member(s).				
1		Date Amount		Name of Legislator, Public or Executive Official and Household Member(5) Receiving or Benefiting					
			Non	.0					
Item 5	or House Bill, Resolution or o		Resolution or other	ation, the number of the Senate or legislative activity in which		LEGISLATIVE SUBJECT IDENTIFICATION			
3	the L	obbyist wa	as supporting or opp	oosing.		Subject		Subject	
Subject (from			solution or Other ive Ident. Number	Appropriation Bill Number and Section Number	01	Agriculture, horticulture, farming, and livestock	1."	Health service, medicine, drugs and controlled substances, health	
					02	Amusements, games, athletics and sports	111	insurance, hospitals Higher education	
O.	7	5/	1249		03	Banking, finance, credit and	19	Housing, construction, codes	
^ -		51277			04	investments Children, minors, youth,	20	Insurance (excluding health insurance)	
07	•	{			0.5	senior citizens	21	Labor, salaries and wages, collective bargaining	
0	7	51	278		05	Church and religion Consumer affairs	22	Law enforcement, courts,	
<i>/</i>	_	٠	10		07	Ecology, environment, pollution,		judges, crimes, prisons	
07	/	3 (4	279		1	conservation, zoning, land and water use	23 24	License, permits Liquor	
07	7	512	152		08	Education	25	Manufacturing, distribution and	
• ,		, , ,			09	Elections, campaigns, voting,	26	Services	
07	,	51	353		10	political parties Equal rights, civil rights, minority affairs	26	Natural resources, forest and forest products, fisheries, mining and mining products	
07		51	354		11	Government, financing,	27 28	Public lands, parks, recreation	
			348			taxation, revenue, budget, appropriations, bids, fees, funds	26	Social insurance, unemployment insurance, public assistance,	
07					12	Government, county Government, federal	2:9	workmen's compensation Transportation, highways,	
07		HY	128		14	Government, municipal		streets and roads	
)		```			15 16	Government, special districts Government, state	:10	Utilities, communications, televisions, radio, newspaper, power, CATV, gas	
							31	Other (please specify)	
·	I destify pay mile regensiting decision resourcement		CERTIFICATION: I hereby certify that the above is a true, complete and correct statement in accordance with Section 67-6624 Idaho Code.						
Item 6 Identify any rule, ratemaking decision, procurement, contract bid or bid process, financial services agreement or bond lobbyist was supporting or opposing.					} _	obbyist signature		Date	
					Eı	mployer No. I signature		Date	
Note				E	mployer No. 2 signature		Date		
					E	mployer No. 3 signature		Date	
					E	mployer No. 4 signature		Date	